

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023871

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 1070  
**FILED JUL 3 1963**

STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Rural 2nd Jackson</b>		c. CITY OR TOWN <b>Rural 2nd Jackson</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Strafford RFD#2</b>		d. STREET ADDRESS (If outside, give location) <b>Strafford RFD#2</b>	
3. NAME OF DECEASED (Type or print) <b>DORSEY ALMOND</b>		4. DATE OF DEATH Month <b>June</b> Day <b>27</b> , Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/13/1904</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Orville Almond</b>		13b. MOTHER'S MAIDEN NAME <b>Clara Bass</b>	
14. NAME OF HUSBAND OR WIFE <b>Georgia Almond</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT <b>Georgia Almond (Wife) Strafford, Mo. RFD#2</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> DUE TO (b) <b>Arterio sclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female, was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>6/1/63</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Springfield, Missouri</b>	
21. I attended the deceased from <b>June 2, 1962</b> to <b>6/27/63</b> and last saw him alive on <b>June 2, 1962</b> Death occurred at <b>12:45</b> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>6-29-63</b>	
22a. SIGNATURE <b>John William J. M.D.</b>		22b. ADDRESS <b>Landers Building Springfield, Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-29-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bass Chapel Cemetery</b>	23d. LOCATION (City, town, or county) <b>Greene County, Missouri</b>
24. FUNERAL DIRECTOR <b>Klingner Mortuary</b>		25. DATE REC'D. BY LOCAL REG. <b>7-1-63</b>	
ADDRESS <b>Springfield, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Effie S. Mullen</b>	

jhc

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Oyle Stone Jr.*

Licensed Embalmer No.

*4176*

P. O. Address

*Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit 6-37462